

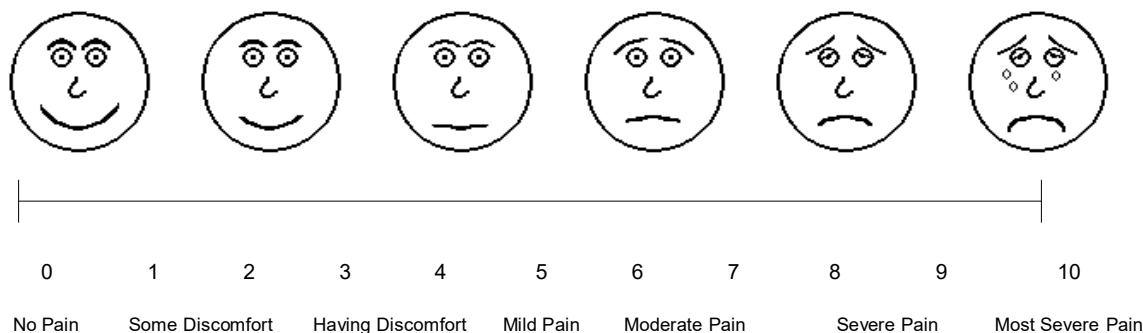
## Medical Control Guideline: PAIN MANAGEMENT

### PRINCIPLES:

1. All patients should undergo pain assessment and management, regardless of age or ability to communicate in English.
2. Uncontrolled pain has been associated with both short-term and long-term adverse outcomes.
3. Measurement of a patient's pain is subjective; therefore, the patient who is able to communicate best determines the presence and severity of their pain.
4. Recording a pain level using a validated pain scale provides health care providers with a baseline against which to compare subsequent evaluations of the patient's pain.
5. Los Angeles County utilizes the "Numeric Pain Intensity", "Facial Expression", and FLACC (Face, Legs, Activity, Cry and Consolability) pain scales.
6. Pain management includes both pharmacologic and non-pharmacologic interventions, such as distraction, positioning, and medication administration which may be provided concurrently or in an escalating fashion.

### GUIDELINES:

1. Pain assessment should be performed on patients of all ages as part of the initial patient assessment, and should include severity as measured on one of the 3 formal pain scales used by Los Angeles County.
2. For verbal patients 8 years of age or older, use the Numeric Pain Intensity scale by asking the patient to rate their pain on a 0-10 scale; zero (0) equals no pain and ten (10) equals the most severe pain. Document the number selected on the EMS Report Form.
3. For patients 3-7 years old, or for patients with limited English proficiency, use the Facial Expression pain scale.



4. For children < 3 years of age or for patients who are non-verbal due to baseline medical conditions such as cognitive impairment or severe dementia, utilize the FLACC Behavioral Tool. The patient should be assessed in each of the 5 categories shown in the table below, with the pain severity determined based on the total score on a scale of 0-10.

Behavior	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, tense, shifting back and forth, hesitant to move, guarding	Arched, rigid or jerking, fixed position, rubbing of body part
Cry	No cry/moan (awake or asleep)	Moans or whispers, occasional cries, sighs or complaint	Cries steadily, screams, sobs, moans, groans, frequent complaints
Consolability	Calm, content, relaxed, needs no consoling	Reassured by hugging, talking to, distractible	Difficult to console or comfort

5. Reassess the patient's pain with each assessment of vital signs and after any intervention, including patient movement into the ambulance. Document pain reassessment on the Patient Care Record.
6. Administer pain medications to patients with severe pain  $\geq 7$  as measured on any 0-10 scale, if not controlled by non-pharmacologic methods, unless a contraindication is present. Absolute contraindications to use of narcotic medications include:
- Respiratory Rate <12
  - Stated allergy to opiate pain medications
  - Active labor
7. Use caution and consider smaller initial dosing when administering pain medications in the following patient situations:
- Elderly patients
  - Adults with SBP <100; Pediatrics with SBP < 70 (Fentanyl preferred if pain medication necessary)
  - Respiratory distress or failure
  - Suspected drug/alcohol intoxication
8. Strongly consider administering ondansetron 4mg ODT or IV prior to administration of first dose of pain medications in patients 4 years of age or older or 15 kg or greater, as both fentanyl and morphine may cause nausea and vomiting.

9. Document and report all interventions performed for pain management, whether pharmacologic or non-pharmacologic. These may include, but are not limited to:
  - a. Splinting
  - b. Distraction with devices (e.g. video viewing)
  - c. Cold pack application
  - d. Positioning for comfort
  - e. Medication administration
10. Contact Base for orders if patient's condition requires additional dosing of medications beyond that permitted by Treatment Protocol